

Appendix E

5 A Day Grantees' Common Research Questions

Food Frequency Questionnaire

The next seven questions provide a simple way to determine how many servings of vegetables and fruit you normally eat. Please put an "X" in the box showing how often you ate or drank each of these items of food in the past month.

1. In the past month, about how often did you drink 100% orange juice or grapefruit juice?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	1-3	1-2	3-4	5-6	1 time	2 times	3 times	4 times	5 or more
	times per	times per	times per	times per	per day	per day	per day	per day	times per
	month	week	week	week					day
2. In the past month, about how often did you drink other 100% fruit juices, NOT counting fruit drinks?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	1-3	1-2	3-4	5-6	1 time	2 times	3 times	4 times	5 or more
	times per	times per	times per	times per	per day	per day	per day	per day	times per
	month	week	week	week					day
3. In the past month, about how often did you eat green salad (with or without other vegetables)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	1-3	1-2	3-4	5-6	1 time	2 times	3 times	4 times	5 or more
	times per	times per	times per	times per	per day	per day	per day	per day	times per
	month	week	week	week					day
4. In the past month, about how often did you eat french fries or fried potatoes?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	1-3	1-2	3-4	5-6	1 time	2 times	3 times	4 times	5 or more
	times per	times per	times per	times per	per day	per day	per day	per day	times per
	month	week	week	week					day
5. In the past month, about how often did you eat baked, boiled, or mashed potatoes?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	1-3	1-2	3-4	5-6	1 time	2 times	3 times	4 times	5 or more
	times per	times per	times per	times per	per day	per day	per day	per day	times per
	month	week	week	week					day
6. In the past month, about how many servings of vegetables did you eat, NOT counting salad or potatoes?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	1-3	1-2	3-4	5-6	1 time	2 times	3 times	4 times	5 or more
	times per	times per	times per	times per	per day	per day	per day	per day	times per
	month	week	week	week					day
7. In the past month, about how many servings of fruit did you eat, NOT counting juices?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	1-3	1-2	3-4	5-6	1 time	2 times	3 times	4 times	5 or more
	times per	times per	times per	times per	per day	per day	per day	per day	times per
	month	week	week	week					day

Stages-of-Change Questions (Adult)

1. How many servings of vegetables and fruit do you eat each day?
- ☐ 0 ☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 7-8 ☐ 9-10 ☐ 11 or more
2. About how long have you been eating this number of daily servings of vegetables and fruit?
- ☐ less than 1 month ☐ 1-3 months ☐ 4-6 months ☐ longer than 6 months
3. Are you seriously thinking about eating more servings of vegetables and fruit, starting sometime in the next 6 months?
- ☐ yes
(go to question 4) ☐ no
(skip question 4)
4. Are you planning to eat more servings of vegetables and fruit during the next month?
- ☐ yes ☐ no

Algorithm

If answer to Q1 is 5 or greater* and answer to Q2 is greater than 6 months, then stage = MAINTENANCE.
If answer to Q1 is 5 or greater* and answer to Q2 is 6 months or less, then stage = ACTION.
If answer to Q1 is less than 5, answer to Q3 is "yes," and answer to Q4 is "yes," then stage = PREPARATION.
If answer to Q1 is less than 5, answer to Q3 is "yes," and answer to Q4 is "no," then stage = CONTEMPLATION.
If answer to Q1 is less than 5 and answer to Q3 is "no," then stage = PRECONTEMPLATION.

* Individual sites may choose an alternative cutpoint for number of daily servings used to classify individuals in action or maintenance.

Stages-of-Change Questions (Children)

1. What choice best describes you?
 - A. I **don't think** about eating 5 or more servings of vegetables and fruit each day.
 - B. I **think** about eating 5 or more servings of vegetables and fruit each day.
 - C. I **plan to start** eating 5 or more servings of vegetables and fruit each day.
 - D. I **try** to eat 5 or more servings of vegetables and fruit each day.
 - E. I **eat** 5 or more servings of vegetables and fruit each day.

2. What choice best describes you?
 - A. I **don't think** about consuming 2 or more servings of fruit or juice each day.
 - B. I **think** about consuming 2 or more servings of fruit or juice each day.
 - C. I **plan to start** consuming 2 or more servings of fruit or juice each day.
 - D. I **try** to consume 2 or more servings of fruit or juice each day.
 - E. I **consume** 2 or more servings of fruit or juice each day.

3. What choice best describes you?
 - A. I **don't think** about eating 3 or more servings of vegetables each day.
 - B. I **think** about eating 3 or more servings of vegetables each day.
 - C. I **plan to start** eating 3 or more servings of vegetables each day.
 - D. I **try** to eat 3 or more servings of vegetables each day.
 - E. I **eat** 3 or more servings of vegetables each day.

Awareness Questions

1. Have you heard of the “Healthy People 2000” Program?
☐ Yes
☐ No
☐ Don't know
2. Have you heard of the “5 A Day for Better Health Program?”
☐ Yes (continue with Q2a)
☐ No
☐ Don't know
- 2a. What does “5 A Day for Better Health” mean?
 1. Five servings of vegetables and fruit per day
 2. Logo of a health education campaign to increase the eating of vegetables and fruit
 3. Eat vegetables and fruit to stay healthy
 4. Five food groups
 5. Five health habits
 6. Other (specify): _____
 7. Don't know

Self-Efficacy Questions (Adult)

1. How sure are you that you can eat at least 3 servings of vegetables and fruit each day?
☐ *Very Sure* ☐ *Sure* ☐ *Somewhat Sure* ☐ *Unsure* ☐ *Very Unsure*
2. How sure are you that you can eat at least 5 servings of vegetables and fruit each day?
☐ *Very Sure* ☐ *Sure* ☐ *Somewhat Sure* ☐ *Unsure* ☐ *Very Unsure*

Knowledge Question

1. How many servings of vegetables and fruit do you think a person should eat each day for good health?